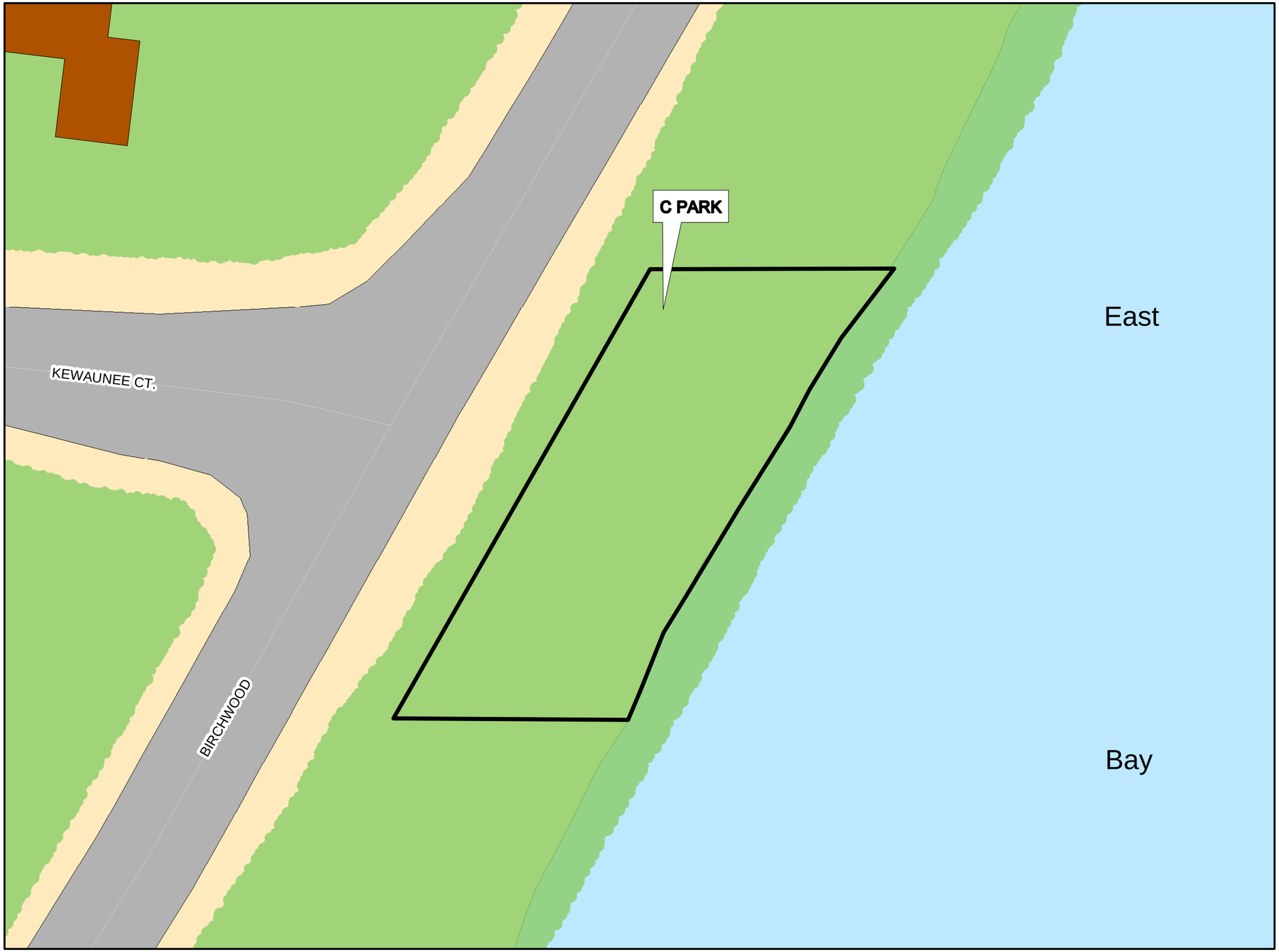
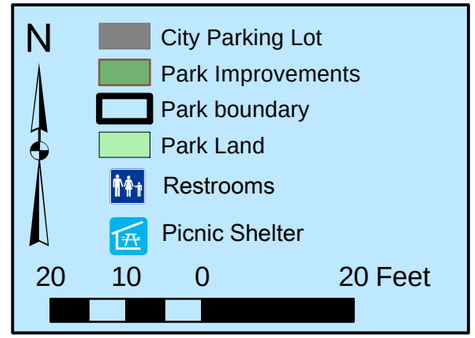
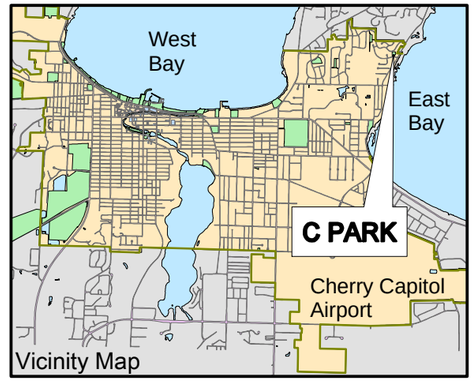
# C PARK




City of
TRAVERSE CITY

GROUP NAME: _____

CONTACT: _____

PHONE NUMBER: ____ - ____ - _____

EVENT NAME: _____

EVENT DATE: _____ / _____ / _____

DATE REQUESTED: _____ / _____ / _____

APPROVED: _____

COMMENTS: _____